

**STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES**

Procedure No: I.E.PR.004
Subject: Program Review Committee
Section: Health and Safety

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Approved: /s/ Peter H. O'Meara

A. Purpose

The purpose of this procedure is to delineate the process for reviewing the use of behavior modifying medications and behavioral support plans for individuals placed or treated under the direction of the Commissioner of Developmental Services.

B. Applicability

This procedure applies to all individuals placed or treated under the direction of the Commissioner. This includes individuals receiving services in or from DDS operated, funded and/or licensed facilities, including ICF/MR, CLA, CTH, Day Services and DDS Individualized Home Supports provided in any setting and/or any DDS funded service regardless of where the individual lives. It applies to individuals receiving any HCBS Waiver Services, state funded services or ICF MR services where paid staff are required to carry out a behavioral intervention that utilizes an aversive, physical, or other restraint procedure and/or are required to pass/give a behavior modifying medication, regardless of where the individual lives. This procedure applies to individuals receiving services from the DDS Voluntary Services program if they are placed in an in-state DDS operated, funded and/or licensed facility or who reside in an out-of-state facility which proposes to use prone restraint. It also applies to any individuals who receive ongoing, planned psychiatric supports where behavior modifying medication is prescribed by the Psychiatrist funded by the DDS regardless of where the individuals live and whether or not they are receiving DDS Waiver Services.

This procedure does not apply to those receiving DDS Respite Services only, those exempt from Program Review Committee/Human Rights Committee (PRC/HRC) review, and those who reside in long-term care facilities licensed, funded and/or overseen by other state agencies.

C. Definitions

Aversive Procedure: A procedure that contains the contingent use of an event or device which may be unpleasant, noxious, or otherwise cause discomfort to (1) alter the occurrence of a specific behavior or (2) protect an individual from harming him or herself or others and may include the use of physical isolation and mechanical and physical restraint. This also includes the use of chemical restraints and the use of restrictive procedures such as escorts (except escorts like 'guide along' that are met with little or no resistance from the individual), physical isolation, response cost, over-correction, restitution, and other similar techniques.

Behavior Modifying Medications: Any chemical agent used for the direct effect it exerts upon the central nervous system to modify thoughts, feelings, mental activities, mood, or performance. These chemical agents or psychotropic medications are often categorized as follows: antipsychotics (neuroleptics), antidepressants, antimanics, antianxiety agents, stimulants, and sedatives/hypnotics. Medications that are not usually described as psychotropics are covered by this procedure when they are prescribed primarily for their behavior-modifying effects such as mood stabilization and

impulse control. These medications include certain anticonvulsants, some beta-blockers, certain other drugs.

Behavioral Support Plan: A written document developed to address an individual's behaviors which interfere with the implementation of the goals and objectives identified in the individual plan or to track and monitor target behaviors. The plan shall include identification of specific target behaviors and a plan for tracking and monitoring responses. When the use of aversive procedures to protect the individual from harming him or herself or others is reasonably anticipated to be needed, these specific procedures shall be included in the plan (see DDS I.E.PR.002 Behavior Support Plan).

CAMRIS: The Department's 'Web-Based' management information system.

Chemical Restraint: Psychotropic medications administered on a STAT or immediate basis in an emergency situation, usually after other interventions have failed to result in calm behavior and when the individual is still in danger of harming him/herself or others. (This does not include medications used for pre-sedations for medical or dental procedures.)

Commissioner: The Commissioner of the Department of Developmental Services.

Need For Comprehensive PRC Review: When a Planning & Support Team/PST submits an 'Attachment B – Request For PRC Date', the PRC may decide that a Comprehensive PRC Review is not necessary. In this case the check box 'Comprehensive PRC Presentation Not Required At This Time' on the form will be checked, and the 'Date Faxed/Sent to Agency/Facility' will be filled-in. This will document that the PST followed DDS Procedures. — [Note: The extent of review and the length of the review cycle is determined by the Program Review Committee, and is based on individual circumstances. Once the Program Review Committee has made a decision on monitoring and the lack of need for Comprehensive Review, a Planning & Support Team/PST does not need to return to the PRC unless there is a change in diagnosis, significant change in medication type, significant change in medication dosage exceeding FDA range, or a significant increase in problem behaviors related to the use of medication.]

DSM-IV (or subsequent editions): The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (or subsequent editions), which is a widely recognized and professionally approved reference for the classification and diagnosis of mental disorders.

Emergency: An acute or urgent situation in which a physician has determined that treatment i.e. medication must be started immediately or a situation in which a caregiver determines that immediate intervention i.e. emergency physical, mechanical and/or chemical restraint is necessary to protect an individual from harming him or herself or other.

Exempt Process: A process in which an individual who takes behavior modifying medications may request to be exempt from the PRC/HRC review process based upon a determination that the individual has the capacity to make such decisions .

Functional Analysis: The systematic assessment of an individual's behavior that yields: (1) an operational description of the undesirable behaviors; (2) the ability to predict the times and situations in which the undesirable behavior is likely to occur across the full range of typical daily routines; (3) a description of the function that the undesirable behavior serves for the individual; and (4) an understanding of the environmental, interpersonal, and other ecological factors that shall be considered in the development of an effective programmatic response to the behavior.

Human Rights Committee (HRC): A group of people who are not employees of the department, who provide monitoring to assure the protection of legal and human rights of people with mental retardation. Membership may include a physician, a lawyer, a parent, staff of contracted agencies, and other volunteers. A DDS employee shall act as a liaison between the HRC and the region or training school. The HRC shall act as an advisory group to the region or training school director.

Institutional Review Board (IRB): A group of individuals appointed by the commissioner to review and approve activities categorized as research involving human subjects where the research is either conducted, supported, or otherwise subject to regulation by the DDS.

Mechanical Restraint: Any apparatus used to restrict individual movement. This includes any device (e.g. helmets, mitts, and bedrails) used to prevent self-injury. This excludes mechanical supports designed by a physical therapist and approved by a physician that are used to achieve proper body position or balance; protective devices that are approved by a physician for specified medical conditions (e.g. helmet used to protect an individual from injury due to a fall caused by a seizure); and mechanical devices that can be removed by the individual at their choosing (e.g., helmets, mitts).

Monotherapy: The use of only one medication at any time.

Physical Isolation: The process by which an individual is separated from others, usually in a room by himself, and is physically not allowed to leave i.e., prevented through physical means such as physically blocking the door that area until defined criteria are met. (This does not include occasions when an individual is sent to a room with verbal prompts and is not physically prevented from leaving.)

Physical Restraint: Any physical hold used to restrict individual movement or to protect an individual from harming him or herself or others. This excludes physical interventions that are met with little or no resistance from the individual such as 'guide along techniques' or holds that are used as guidance to teach an individual a skill (e.g. hand over hand techniques).

Planning and Support Team (PST): Individuals and the people who are important in their lives. At the very minimum, all planning and support teams shall include: (1) the individual who is receiving supports, (2) his or her guardian if applicable, and (3) persons whom the individual requests to be involved in the individual planning process including: (A) the individual's family and/or advocate, (B) the individual's case manager, (C) support staff and (D) others who know the individual best. Depending upon the individual's specific needs, professional staff, who are providing supports and services to the individual, may be involved in the individual planning process and in attendance at the individual planning meeting.

Polypharmacy: The use of any two or more medications at one time.

Interclass Polypharmacy: The use of two or more medications from two or more different classes of medication (e.g. use of a neuroleptic with an antidepressant; the use of an antidepressant with an antianxiety agent, etc.).

Intraclass Polypharmacy: The use of two or more medications from the same class of medication (e.g. use of two neuroleptics, the use of two antidepressants, the use of two antianxiety agents, etc.).

Positive Behavioral Supports: An integrated approach to teach an individual adaptive and socially appropriate skills. Supports may include teaching strategies and/or environmental supports to increase adaptive behaviors. These supports should treat the individual in a respectful, age-appropriate manner, should be built into the individual's daily routine, and should occur in a natural context. The individual and his or her family, guardian, advocate, and support staff should be involved in the design of the positive behavioral supports.

PRC Exemption Committee: A regional committee that reviews and approves or disapproves of an individual's request to be exempt from PRC review. Committee membership shall include the regional director or designee, a psychologist, a case management supervisor, the regional health service director or designee and other staff appointed by the regional director.

PRC Exemption Process: A process in which an individual who takes behavior modifying medications may request to be exempt from the PRC/HRC review process based upon a determination that the individual has the capacity to make such decisions independently.

PRC/HRC Review: A Program Review Committee/Human Rights Committee review. The PRC review includes a member of the Human Rights Committee to represent and act on behalf of the Human Rights Committee.

PRC Liaison: A person selected by the regional or training school director to act as the liaison between the PRC and the director, the department's central office, and all service providers.

Program Review Committee (PRC): A group of professionals, including a psychiatrist, assembled to review individual behavior treatment plans and behavior modifying medications to assure that they are clinically sound, supported by proper documentation and rationale, and are being proposed for use in conformance with department policies. The PRC acts as an advisory group to the Regional or Training School Director.

Restrictive Procedure: A generic term which refers to five different types of procedures. Those procedures are defined elsewhere in these definitions and include aversive procedures, environmental restrictions, invasive procedures, noxious procedures and physical restraint

STAT Order: A one-time order made by a legally-authorized prescriber for one dose of a medication for immediate administration to the individual.

Tardive Dyskinesia: An abnormal movement disorder that may occur as an adverse reaction to the use of a neuroleptic (antipsychotic) medication. This syndrome is characterized by involuntary movements that may involve the tongue, face, mouth or jaw, trunk, or extremities.

D1 – Guiding Principles

The need for and extent of review, and the length of the review cycle, is determined by the Program Review Committee, and is based on individual circumstances. Once the Program Review Committee has made a decision on monitoring, and the lack of need for Comprehensive Review, a Planning & Support Team/PST does not need to return to the PRC unless there is a change in diagnosis, significant change in medication type, significant change in medication dosage exceeding FDA range, or a significant increase in problem behaviors related to the use of medication.

Behavior Modifying Medication

Any use of behavior modifying medication must have an initial review by the Program Review committee

- A. If 2 or more Behavior Modifying Medications are utilized, or, even 1 anti-psychotic medication is utilized in treatment, then there must be an initial review by the Program Review Committee. Any future Program Review Committee review will be determined by the PRC.
- B. Behavior Modifying Medications that are utilized for any of the following treatments conditions may not need to have a comprehensive presentation at the PRC. Submit the one page “Attachment A - Request For PRC Date” form to Region. The request for the use of the medication will be evaluated by the PRC for the need for a comprehensive PRC Presentation:
 1. Mono-Therapies (Single Behavior Modifying Medication Utilized for clear diagnosis obtained from the treating ‘prescriber’ — These would include:
 - Depression
 - Anxiety Disorder
 2. Alzheimer's Medications
 3. Sleep Medications
 4. End Of Life Medications
 5. Herbal Medications
 6. CP / Neurodegenerative Disorders Medications which are medications that are used solely for the treatment of disorders such as Cerebral Palsy, ALS, Muscular Dystrophy, or Multiple Sclerosis, etc.

Restraints / Aversive Procedures

Any use of an Aversive Procedure must have an initial review by the Program Review Committee

Exemptions

Exemptions can be requested by individuals who wish, and have the capacity, to independently decide about the use of medications that would otherwise require PRC review. Exempt criteria will be based on the type and level of support for the person, specifically looking at how the individual manages their medical care. If a person has a guardian, they can be exempt if they meet the exempt criteria and the guardian approves. If a person does meet the exempt criteria, and there is no guardian, then the Planning & Support Team/PST for the person and the Regional Exempt Committee must agree on the exemption.

D2 - Implementation

1. Each region and Southbury Training School (training school) shall have a Program Review Committee (PRC) appointed by the regional or training school director. The PRC shall:
 - a. Act as an advisory group to the regional or training school director. The PRC membership shall include a:
 - DDS manager or supervisor
 - Representative from the Human Rights Committee (HRC) who shall act on behalf of the HRC (non-DDS employee)
 - Connecticut licensed psychiatrist or neurologist with experience in mental retardation
 - Connecticut licensed psychologist

Membership may also include other appropriate DDS managers or staff, staff of contracted agencies, clinicians from relevant disciplines and a consumer.

- b. Review and make recommendations regarding approval for the use of:
 - i. All behavior modifying medications for clinical appropriateness
 - (a) Newly proposed
 - (b) Changes to previously approved medications, dosages or dosage ranges
 - ii. All behavior support plans used to support individuals who are also on behavior modifying medications.
 - iii. All behavioral support plans that include the use of restrictive procedures
 - (a) Newly proposed
 - (b) Changes to previously approved plans
 - (c) Emergency restraints used more than three (3) times within 30 days or a pattern of emergency restraint (e.g., once a month for three months or other similar patterns)
 - c. Monitor the use of emergency restraints using CAMRIS data reports
 - i. Review trends in the use of behavior modifying medications and restraints and make recommendations to the director regarding such trends.
2. The Program Review Committee shall operate as follows:
- a. The Regional or Training School Director shall appoint members for the committee. Membership may be drawn from second level managers of the region or training school,

executives of contracting agencies, and psychology and medicine (preferably psychiatry or neurology). Members should be selected to avoid conflicts of interest.

- b. The committee shall meet at least once a month and shall elect a chairperson. Written documentation of the case reviews shall be submitted to the regional or training school director.
 - c. If a committee member expects to be absent, an alternate may be sent with prior approval of the chairperson.
 - d. Qualifications shall be developed by consensus of the PRC members. If this is not possible, a qualification from a simple majority of members will be submitted to the Regional or Training School Director.
 - e. The HRC representative shall act on behalf of the human rights committee. A full HRC review is required if:
 - i. The HRC representative does not agree with the recommendations of the PRC
 - ii. The HRC representative feels that a full HRC review is warranted
 - f. The individual, parent, guardian or advocate may attend the program review committee meeting for the purpose of hearing the presentation and presenting any opposing views to the committee.
3. The PRC/HRC initial or periodic review shall determine which of the following types of review is required and shall notify the individual's planning and support team (PST).
- a. A presentation of the treatment plan by appropriate PST members, is minimally required in the following situations:
 - i. Initial reviews
 - ii. The PST lacks sufficient history with the PRC
 - iii. The proposed treatment plan is complex
 - iv. The PST has a history of submitting incomplete packets, plans or plans that require further clarification and/or
 - v. The PST has a history of receiving disapprovals or approvals with qualifications
 - b. A review of written information submitted by the PST, when that team:
 - i. Consistently submits thorough and complete PRC packets that include treatment plans
 - ii. Has a history of receiving recommendations to approve the plans
4. A designated PST member shall send a request for PRC review using the *DDS Request for PRC* form (Attachment A) when an individual has:
- a. An order for a new behavior modifying medication
 - b. An order for a medication dose change that exceeds the currently approved range
 - c. A newly-developed behavior support plan with a restrictive component

5. The team shall submit the number of PRC packets required by the Regional PRC, to the designated person within the specified time frame using the DDS PRC Form (Attachment B) that shall include documentation of:
 - a. DSM-IV (or subsequent edition) diagnoses
 - b. Last assessment for tardive dyskinesia for individuals taking neuroleptic medication (must be within the last six months)
 - c. Medication plans as detailed in DDS Procedure I.E.PR.003, Behavior Modifying Medications
 - d. Documentation of consent for psychotropic medication and/or restraint, (Attachment C, Consent for Treatment), which shall be renewed annually
 - e. Components of behavioral support plans as detailed in Section 7 b of this procedure
6. The PRC/HRC review of the use of behavior modifying medications shall assure that:
 - a. Medication plans are developed in accordance with DDS Policy I.E.PO.003, Behavior Modifying Medications
 - b. Medication plans are clinically appropriate in that:
 - i. The medications shall be used in conjunction with a behavioral support plan that includes appropriate positive behavioral supports
 - ii. The medications are prescribed for:
 - (a) Conditions that are diagnosed according to the most current editions of the American Psychiatric Association's Diagnostic and Statistical Manual of the Mental Disorders (DSM IV or subsequent edition) and not solely for a diagnosis of mental retardation
 - (b) Conditions that are potentially responsive to the medications being prescribed
 - (c) The medications are approved by the Food and Drug Administration (FDA) except as detailed in DDS Procedure I.E.PR.003, Behavior Modifying Medications, Section 4 a-e
 - iii. Physical, neurological, environmental, and psychiatric implications have been considered as part of the decision to recommend the use of the medication
 - iv. The medications are not being used due to a lack of staff, inadequately trained staff, a lack of positive behavioral supports, or in quantities that unnecessarily interfere with habilitative programming
 - v. The potential benefits of using the medication outweigh the risks that may be caused
 - vi. If the medication is part of a research or investigational study:
 - (a) Consent was obtained in accordance with DDS Procedure I.E.PR.003, Behavior Modifying Medications

- (b) All non-FDA approved medications shall be administered by a licensed nurse or physician
 - (c) A study involving a “double-blind” protocol is reviewed as if the individual is receiving the medication (i.e., the possibility that the individual may receive a placebo will not be addressed for purposes of the PRC/HRC review)
 - (d) The research was reviewed and approved by the DDS Institutional Review Board (IRB) according to DDS Policy No. II.G.PO.001, Office of the Commissioner Institutional Review Board
- 7. A PRC subcommittee comprised of the regional/training school director, PRC liaison and PRC psychiatrist shall review and provide interim approval for the administration of a new medication(s) or dose change(s) for individuals who live in ICF/MR facilities. Teams shall request an interim approval using the Request for Interim PRC Approval form (See Attachment D). The full PRC shall complete a comprehensive review at the next available PRC date.
- 8. The PRC may make recommendations regarding the approval of medication plans that include multiple medications in sequence, or a range of dosages for medications when those plans:
 - a. Include a rationale for changing from one medication to another and
 - b. Include specific criteria (e.g., blood levels, behavioral changes, etc.) for determining the effectiveness of a given medication or dosage before changes are made.
- 9. The PRC/HRC review of behavioral support plans that include the use of restrictive procedures shall occur as follows:
 - a. The behavioral support plans are developed in accordance with DDS Policy I.E.PO.002, Behavioral Support Plans and submitted to the PRC liaison for a PRC/HRC review. These approaches should treat the individual in a respectful, age appropriate manner, should be built into the individual’s daily routine, and should occur in a natural context. The individual and his or her family, guardian, advocate, and support staff should be involved in the design of the positive behavioral supports.
 - b. The PRC shall review the plans for clinical appropriateness in that:
 - i. Previous plans using positive or less restrictive techniques have been tried and found to be ineffective or not clinically appropriate
 - ii. Plans with restrictive techniques include a plan for fading the restrictive procedure
 - iii. Restrictive procedures are not being used due to a lack of staff, inadequately trained staff, or a lack of positive behavioral supports
 - iv. The proposed behavioral support plans are based on a completed functional analysis
 - v. The behavioral support plans include:
 - (a) Positive behavioral supports
 - (b) Baseline data
 - (c) Clearly defined target behaviors and objectives
 - (d) Clearly defined techniques to be used
 - (e) Data collection methods

- (f) A schedule for review of the data and
 - (g) A method for evaluating the effectiveness of the treatments
 - vi. The behavioral support plans will be integrated in all treatment settings;
 - vii. Adequate staff and resources are available for implementation of the plans;
 - viii. Appropriate, documented training has been provided to the staff who will implement the plans.
10. The PRC may make recommendations regarding the approval of behavioral support plans that include restrictive procedures when those plans:
- a. Propose using a range of restrictive procedures from the least to the most restrictive or provide an acceptable rationale for skipping the least restrictive plan and going directly to a more restrictive approach (e.g. there is credibility for the conclusion that the latter approach is more effective).
 - b. Include specific criteria for the use of each of the proposed procedures
 - c. Assure that the least restrictive effective procedures will be used
11. Following each review, the PRC shall:
- a. Document recommendations (See Attachment E: Evaluation Criteria) to:
 - i. Approve the plan(s)
 - ii. Approve the plans with qualifications that shall specify the:
 - (a) Qualification
 - (b) Requirements to satisfy the qualification(s)
 - (c) Time frames in which the requirements are to be met
 - iii. Disapprove the plan(s)
 - b. Document the timeframe for the next review, assuming that no changes are made to the plans that would in themselves require an additional review.
12. The PRC shall forward its recommendations to the Regional or Training School Director or designee.
13. Following review of PRC/HRC recommendations, the Regional or Training School Director or designee shall document his or her decision to approve the plan(s), approve the plan(s) with qualifications or disapprove the plan(s). If a full HRC review was required, the regional director or designee shall wait for the HRC review and recommendations before making a decision. If the decision of the director is contrary to the PRC/HRC recommendations, he or she shall document a rationale for the decision. Documentation of the director's decision shall be maintained in the individual's file.
14. PRC data, including behavior modifying medication, behavioral support plans that include the use of restrictive procedures, tardive dyskinesia screenings, dates of reviews, and director's decisions shall be maintained in CAMRIS.
15. PRC (or HRC as determined by the regional committees) shall review the use of behavior modifying medication prescribed as *Pre-sedation* for medical or dental appointments or procedures for individuals who live in ICF/MR facilities. (See DDS procedure I.E.PR.006, Pre-

sedation for Medical/Dental Procedures.) This review shall focus on the use of the medication(s) as an individual's rights issue. On-going monitoring shall be done as follows:

- a. Private agencies shall establish a committee with the agency for review and monitoring on-going use.
- b. DDS public programs shall access the regional PRC or HRC for on-going review and monitoring.

16. An individual may request to be exempt from PRC/HRC review if the following criteria apply:

- a. Individual takes behavior modifying medications but does not have behavioral support plans that include restrictive techniques.
- b. Individual lives independently, manages his/her own health care, is capable with supports to make medical decisions

17. Exempt criteria will be based on type and level of support for the person, specifically looking at how the individual manages his or her medical care. If a person has a guardian, s/he can be exempt if s/he meets the exempt criteria and the guardian approves. If a person does meet the exempt criteria, and there is no guardian, then the Planning & Support Team/PST for the person and the Regional Exempt Committee must agree on the exemption. An individual who meets the above criteria may request to be Exempt from PRC/HRC review using the PRC Exemption Process as follows:

- a. The individual's case manager shall assist the individual in completing the Request to be Exempt from the PRC/HRC Review Process Form (See Attachment E) detailing the individual's:
 - i. Guardian status
 - ii. Current living situation
 - iii. Medical appointment status
 - iv. Current medications
- b. The individual's PST shall document any additional pertinent information and shall include a statement as to whether they concur or disagree with the individual's request for PRC exemption. This documentation shall be attached to the Request to be Exempt from the PRC/HRC Review Process form.
- c. The individual's case manager shall submit the form to the regional director or designee for review by the regional PRC Exemption Committee.
- d. The region's PRC Exemption Committee shall approve or disapprove the individual's request and document the decision on the form.
- e. The PRC Exemption Committee shall retain a copy of the PRC exemption form and forward the original document to the individual's case manager.

- f. The individual's case manager shall file the original form in the individual's file and send a copy of the form to the PRC liaison.
- g. If the exemption request is approved, the decision shall be documented in CAMRIS.
- h. The individual's case manager shall review the exemption annually or sooner if indicated by changes in the individual's health or cognitive status. The case manager shall document whether the exemption status remains appropriate during the individual's annual planning meeting. If exemption status remains appropriate, the case manager shall document and date such on the original exempt approval form. If exemption status does not remain appropriate, the case manager shall notify the PRC Liaison and the PRC Exemption Committee chairperson.

E. References

Connecticut General Statute 17a-210
 Connecticut General Statute 17a-238
 Connecticut General Statute 45a-677
 Connecticut General Statute 45a-677(e)
 Connecticut General Statute 46a-11, et seq.

Regulations of Connecticut State Agencies, DDS Sections 17a-238-7 through 17a-238-13,
 "Aversive Procedures"

ICF/MR Federal Regulations 483-420, "Condition of Participation, Client Protections"
 ICF/MR Federal Regulations 483-440, "Condition of Participation, Active Treatment Services"
 ICF/MR Federal Regulations 483-450, "Condition of Participation, Client Behavior and Facility Practices"

DDS I.F.PO.001, Abuse and Neglect Prevention
 DDS I.F.PR.001, Abuse and Neglect Prevention, Reporting, Notification, Investigation, Resolution and Follow-up
 DDS PR.002., Behavior Support Plans
 DDS I.E..PR.003, Behavior Modifying Medications
 DDS I.E.PR.006, Pre-sedation for Medical/Dental Procedures
 DDS, II.G.PO.001, Office of the Commissioner Institutional Review Board (IRB)
 DDS.II.G.PR.001, Office of the Commissioner Institutional Review Board (IRB)
 DDS Policy 1, Client Rights
 DDS I.F.PR.006, Human Rights Committee
 DDS Policy 7, Programmatic Administrative Review
 DDS Policy 13, Advocates
 DDS Case Management Policies and Procedures

F. Attachments

Attachment A: Request for PRC Date to Review Behavior Modifying Medications and/or Restraint and/or Restrictive Proc. 4/08
 Attachment B: DDS Program Review Committee form, revised 5/08

Attachment C: Consent for Treatment form 5/08

Attachment D: Request for Interim PRC Approval form 5/08

Attachment E: Request to be Exempt from the PRC/HRC Review Process 5/08

Attachment F: Medication Prescriber's Treatment Form 5/08

(Optional – used only if prescriber does not have a form to use)